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INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD.
OXFORD



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR 1947

BY

W. ALCOCK

M.B., Ch.B., B.Hy., D.P.H.

SCHOOL MEDICAL OFFICER



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Contents

Staff	3
Introduction	4
Staff Changes	6
Medical Inspection	6
Findings of the Medical Inspection and Treatment of Defects :—	
(a) General condition	7
(b) Nose and Throat defects	7
(c) Ear defects	7
(d) Eye and Visual Defects (Mr. Jagger)	8
(e) Dental Report (Mr. Statham)	9
(f) Orthopaedic defects	12
(g) Diseases of the Skin	12
(h) Speech defects	12
(i) Infestation with vermin	13
Handicapped Pupils	14
Infectious Diseases	14
Tuberculosis	15
Deaths of children of school age	15
Minor Ailments Clinic	15
Transitionally-Assisted Schools	16
Nursery Schools	16
Employment of School Children	16
School Meals Service and Free Milk Scheme	16
Report on Physical Education	17
Report of Children's Care Committee	18
Acknowledgements	20

STATISTICAL TABLES

Children on Roll—

Maintained Schools.

Table 1.—Medical Inspection	21
Table 2.—Defects found by Medical Inspection	22
Table 3.—General condition	23
Table 4.—Treatment	23
Table 5.—Dental Inspection and Treatment	25
Table 6.—Infestation with vermin	25

Transitionally-Assisted Schools.

Table 7.—Medical Inspection	26
Table 8.—Defective Vision	27
Table 9.—Defects found by Medical Inspection	28

Staff of the School Health Service

School Medical Officer :

WILLIAM ALCOCK, M.B., Ch.B., B.Hy., D.P.H.

Assistant School Medical Officers :

ALEXANDER L. SMALLWOOD, M.B., Ch.B., D.C.H., D.P.H.
(until April, 1947)

LESLIE A. McDOWELL, M.B., B.Ch., D.P.H.
(from April, 1947)

E. ANNE PERROTT, M.B., B.S., D.P.H.

School Ophthalmologist (part-time) :

EDWIN R. JAGGER, M.R.C.S., L.R.C.P., D.O.M.S.

Senior Dental Officer :

J. E. W. STATHAM, L.D.S.
(commenced June, 1947)

Dental Attendant :

MRS. N. C. WOOLLEY

Cleansing Attendant (part-time) :

MRS. A. WYATT

Clerks :

MRS. G. H. WATSON
MISS M. WYATT (temporary)

Consultant Orthopaedic Surgeon :

MR. R. BEWICK, M.B., F.R.C.S.

Consultant Aural Surgeon :

MR. F. L. FLETT, M.D., Ch.B., F.R.C.S., M.R.C.S., L.R.C.P.

Consultant Paediatrician :

DR. D. V. HUBBLE, M.D., B.S., M.R.C.S., L.R.C.P.

School Nurses :

MISS M. MOORE, S.R.N., S.C.M.

MISS S. LACEY, S.R.N.
(temporary) (left August, 1947)

MISS M. COLEMAN, S.R.N., S.C.M.
(temporary) (commenced September, 1947)

Medical Gymnast :

MISS B. DORMER
(commenced September, 1947)

Annual Report of the School Medical Officer For the Year 1947

To the Chairman and Members of the Education Committee.

In presenting the report of the working of the School Health Service for 1947, I have to record that further progress has been made to make the service as comprehensive as possible.

In June a full-time school dentist was appointed after nearly a year without one. It was indeed fortunate that Mr. E. Wayte, L.D.S., was able to hold two sessions weekly in the interim period to deal with urgent cases, but there is a long leeway to be made up. A medical gymnast has been appointed and the Orthopaedic Clinic re-opened in the Autumn. During the year the equipment for an orthoptic clinic was purchased and renewed efforts were made to obtain the services of an orthoptist. At the time of writing, these efforts have been without success. It is hoped that before long it will be possible to establish this most essential adjunct to the Eye Clinic.

It will be noted that out of the four deaths of school children registered during the year, two were from diphtheria, but this was an isolated instance (both children came from the same family) and the incidence of diphtheria remains low. The efforts of the anti-diphtheria immunisation campaign are beginning to be seen, but there must be no slackening off, no complacency, for diphtheria is always lurking in the community ready to strike down the unimmunised. The importance of the reinforcement dose on first entry to school is now well established. The number of such doses given this year has reached a new level and is very gratifying. My Assistant Medical Officers will continue to press for a 100% response from the parents of entrants.

There is one other part of the Report to which the attention of the Committee must be directed. This is the section dealing with Handicapped Pupils and with Educationally Subnormal children in particular. These are children, who, through no fault of their own, are dull and backward. In a class with children of the same age they are unable to keep on an equal level with the others. As the class

advances they fall further and further behind ; having failed to grasp the early principals and basic facts, later work becomes incomprehensible. These are the children, who, failing a Special School, need to be taught in a special class with a sympathetic and, if possible, a specialised teacher. When the class work is over, they are then able to mix freely in the school with their more fortunate schoolmates and take part with them on an equal footing in games or other activities. I hope that during 1948 it will be found possible for such classes to be established in Burton.

The National Health Service with its emphasis on treatment will come into operation in 1948. The School Health Service, as in the past, will strive to inculcate upon parents, teachers and pupils, the fact that the preventive aspect of medicine is the one that, in course of time will prove to be of lasting benefit to the community.

I wish to thank the Committee for their continued consideration and support, the staff of the School Health Service for their loyalty and service during the year and to acknowledge the assistance of Dr. McDowell who has been responsible for the preparation of this Report.

W. ALCOCK,

School Medical Officer.

1. **Staff Changes.** The following staff changes took place during 1947.

Dr. A. L. Smallwood who had been Assistant School Medical Officer since 1942 resigned in April upon taking up an appointment as Senior Assistant School Medical Officer in Bristol, and was succeeded by Dr. L. A. McDowell.

Miss S. Lacey, S.R.N., temporary School Nurse, left in August. Her place was taken by Miss M. Coleman, S.R.N., S.C.M., who is also acting in a temporary capacity.

In June Mr. J. E. W. Statham, L.D.S., commenced duty as a whole-time Dental Surgeon. Up to then Mr. E. Wayte, L.D.S., had been carrying out the duties of School Dentist on a part-time basis.

2. **Medical Inspection.** Medical Inspection was continued as in 1946. Detailed figures relating to the inspection are given at the end of this report. It is interesting to note that one third of the number of children on the roll (2126) had a routine examination during 1947.

By regulation the medical inspections have to be carried out on the school premises. The lack of suitable inspection rooms is a great drawback. Privacy and quietness, so necessary in an inspection of this kind, are absent and washing facilities are often primitive. In this connection, however, it should be recorded that the Head Teachers do all in their power to provide the Assistant School Medical Officers with suitable accommodation.

Parents attend well at the inspections of entrants and in fair numbers at the inspections of the second age group. Very few parents come to the inspection of the school leavers. The attendance of parents of entrants is invaluable to the inspecting Medical Officer. Their presence enables him to form an impression of the home background, he learns details of the illnesses which the child has had and he can sum up the parent-child relationship.

The co-operation of teachers at the inspections has been of great assistance. The class teachers bring newly-developed defects to the notice of the Assistant School Medical Officer, who is then able to arrange for immediate treatment. It is the class teacher also who sees that children do not avoid attending for treatment and that girls, especially, wear their glasses.

Defects found at the medical inspections are either referred for treatment or for observation at the re-inspection the following term. The School Nurses follow up certain cases in the homes at the request of the Assistant School Medical Officers.

3. Findings of the Medical Inspection and Treatment of Defects.

(a) **General Condition.** This year School Medical Officers were asked to record the general condition of the school child. The detailed assessment of nutrition as carried out in former years has been abandoned. The new classification is "A—good," "B—fair," "C—poor." The "A—good" was taken to be a combination of the "A—Excellent" and "B—normal" of the classification. The "B" and "C" of the new classification having their counterparts in the former "C" and "D" categories.* On this basis, then, the outstanding feature of this year's figures is the high percentage (95.3) of entrants in the "A—good" category. To get figures approaching this percentage it is necessary to go back as far as 1939 (97.3) or 1938 (95.4).

(b) **Nose and Throat Defects.** Medical inspection revealed 347 defects of the nose and throat. The great majority being enlargement of the tonsils and adenoids. 76 children were referred for treatment. The surgical treatment advised was either tonsillectomy or adenoidectomy and was carried out by Mr. R. L. Flett, F.R.C.S., at the Burton Infirmary. Owing to the outbreak of infantile paralysis these operations were suspended during the summer and autumn, with the result that the numbers of children on the waiting list grew. It is understood, however, that all outstanding cases will have been dealt with by Easter, 1948. During 1948, Mr. Flett will attend at the School Clinic to advise treatment of selected cases. It is hoped that those children requiring operative treatment will have their operation within a few weeks of being seen.

(c) **Ear Defects.** There has been an increase in the number of cases of otorrhoea and otitis media detected during the year. These cases are treated at the Minor Ailments Clinic and a few are referred to Mr. Flett at the Burton Infirmary. The use of sulphonamide and penicillin has reduced the average number of attendances per case.

* The Ministry of Education in a letter dated 8th March, 1948, have revised these categories.

The tables below indicate the treatment carried out for ear defects.

Number of ear examinations (excluding otoscopy at the Medical Inspection) 357

1. Minor conditions :—

Wax impaction	..	..	..	11
Defective hearing	..	..	..	3
Furunculosis	..	..	..	3
Catarrh of middle ear	..	..	..	3
Otalgia	..	..	..	3
				—
				23
				==

2. Otorrhoea. Result of Treatment :—

Ears dry	..	..	..	..	17
Improved	..	..	..	..	1
To Infirmary	..	..	..	..	5
					—
					23
					==

Deafness. Two children are on the Handicapped Pupils Register and are attending the Royal Institute for the Deaf, Derby. One partially deaf pupil was fitted with an hearing aid thus enabling him to benefit from education in an ordinary school.

(d) **Defects of Vision.** The Eye Clinic continues to play an increasingly important part in the School Health Service. The work done is tabulated as follows :—

TREATMENT OF DEFECTIVE VISION, 1947

	1947	1946
Total number of children attending Refraction Clinic	*358	254
Total number of attendances	.. .. 935	626
Number prescribed glasses	.. .. †328	239
Number found not to require glasses	.. .. 25	11

† Includes 35 secondary school children.

* Includes 35 secondary school children.

The School Ophthalmological Surgeon makes the following comments on the working of the Eye Clinic :—

“ During the past year there has been an increase in the attendance at the Eye Clinic largely due to the inclusion in its service of all the scholars from all the schools, in the Burton County Borough, needing examination of the eyes. It has been found necessary to increase the number of clinics to two sessions per week, for part of the year, in order to cope with the additional work.

It is a conspicuous fact that parents are becoming more aware of the importance of periodic eye examination of their children. A considerable proportion of clinic time is occupied in answering parent's questions relating to their children's eyes and in giving advice in each particular case. This attitude is right and proper, but it does reduce the time available for actual clinical examination. In this connection a word of thanks is due to the Nursing Staff whose co-operation is excellent and whose sympathy and understanding help so much to create and maintain a good working atmosphere.

While there is some satisfaction in reviewing the past, we must look to the future with the hope of better things to come. Increased volume of work emphasises the cramped conditions under which the work of the Eye Clinic is carried out. The waiting room and the consulting room penetrate one another in function, and it is embarrassing for a child to have its visual acuity examined in full view of a crowded waiting room. It is hoped that this unsatisfactory state of affairs will be altered in the near future.

The need for an Orthoptic Clinic has been stressed for years, and it is gratifying to know that steps are being taken to provide this important addition. The necessary equipment has been provided, and it is hoped that an Orthoptist will be appointed in the very near future. The importance of making the clinic a working reality as early as possible cannot be too strongly urged, since children needing orthoptic treatment soon grow too old to take full advantage of it.”

(e) Report of the School Dental Officer.

In the period June 1947 to December 1947, of the number of children examined for dental defects, over 80% were found to require treatment of one kind or another, and, as many schools were as much as $2\frac{1}{2}$ years behind in inspection, and, therefore treatment, this is scarcely a matter for surprise.

The figure of 1,282 temporary or deciduous extractions for the period mentioned is fairly high, and is accounted for in part by the large number of temporary teeth uselessly retained by the older

children, (9 years and upwards), in part by the extraordinary number of temporary teeth broken down to stumps, and in part by normal extractions, that is, extractions for the relief of pain and/or sepsis. Parents should discourage rather than aid their children retaining deciduous teeth when the need for them is past and when retention jeopardises both the advent and position of the second dentition. The "double row" fable, although making opportunity for considerable exercise of imagination and volubility, is, none the less, entirely undesirable and unnecessary.

Whilst some of the roots and fragments of deciduous teeth found are due to incomplete extraction under general anaesthesia, by far the greater number are due to the ordinary process of decay and local anaesthesia has been generally and widely used for the elimination of these.

Of the Schools so far examined, the deciduous teeth in the 5-6 year group were found to be largely defective, only in one School (Broadway) was there a satisfactory proportion of really sound dentitions, about 30 in all, whilst at the opposite end of the scale the older children of 10 years and upwards at Winshill and Technical Schools, showed the better second dentitions. Without knowing how individual children with sound dentitions were nourished and the food situation being as it is, it may be that the older children grew their teeth on a pre-war diet, whilst the younger ones came in on the food supplies before rigid rationing became necessary.

It cannot be too strongly emphasised that everything should be done to ensure natural feeding of infants if their dental condition is to be safeguarded, and any artificial assistance in the way of added vitamins, calcium salts and the like, should be given when the teeth are forming, for it is useless to expect that these measures will effect repairs in carious teeth after those teeth are made. Nature's dentistry far outstrips man's, and the substitutions of amalgams, cements and similar materials used in an attempt to repair something which ought not to occur, is a poor exchange for the much more artistic enamel and dentine which nature is quite capable of providing if allowed to do so. Similarly, nothing should be done to impair the present service of school meals, which would no doubt be better if general conditions of feeding were improved.

The number of cases necessitating correction of misplaced teeth, contracted arches, and mal-occlusion is considerable, the first two

being generally due to, or the cause of, over-crowding. The old antagonism to thumb-sucking and the so called "comforter" still stands, both on orthodontic and hygienic grounds.

The comparatively large number of fractured upper central incisors is to be noted. Parents and others should know that a blow, either causing fracture or not, can be of the worst possible consequence, and that little or nothing can be done from a remedial point of view. In many cases the tooth involved is not completed, and, even if complete, death and suppuration of the pulp are likely, sequelae and extraction is then very strongly indicated, and, indeed carried out.

There is in every community a number of subjects to whom dental treatment of any kind is anathema, and it should be recognised that these are potential denture wearers, and little can be done to alter this.

Nature never envisaged the use of bristles mounted on a stick for the purpose of tooth-cleaning, relying on the mastication of hard and fibrous foodstuffs and other means, but the tooth-brush has become an indispensable accessory. Some children have not heard of this and others cannot remember when, if they possess one, they last used it. Tooth brushes have been offered at a very low cost by the Dental Supply Houses and it may be a matter for consideration whether a supply should be obtained either for free distribution at the discretion of the Dental Officer, or the cost price charged on request being made for one.

The rate of acceptance of treatment varies in different schools, but on the whole has been fairly high and considered to be satisfactory.

J. E. W. STATHAM,
School Dental Officer.

(f) **Orthopaedic Defects.** Since the Orthopaedic Clinic closed in 1945 it has been possible to arrange treatment only for those children who required urgent orthopaedic care. With the appointment of Miss B. Dormer as Medical Gymnast, the Orthopaedic Clinic was re-opened in September.

The Clinic, which is held in the Infant Welfare Centre in Cross Street, is open on Monday, Tuesday and Friday mornings and Thursday afternoons. Mr. R. Bewick, F.R.C.S., who is Consultant in Orthopaedics, sees selected cases at the Clinic once a month. The re-opening of the Clinic gave the Assistant School Medical Officers an opportunity to refer for treatment all cases of orthopaedic or postural defect, however slight. In the four months that the Clinic has been functioning during the year, the following table shows the number of defects treated.

Number of children referred to Clinic	..	..	35
Total number of treatments given	..	..	285
Cases treated :			
Posture	..	..	8
Flat feet	..	..	10
Knock Knee	..	..	2
Scoliosis	..	..	5
Other conditions	..	..	6

(g) **Diseases of the Skin.** There was a further drop in the number of cases of scabies (113 this year, 237 in 1946). Impetigo fell from 400 cases in 1946 to 191 in 1947. The average number of attendances per patient suffering from impetigo is also less owing to the use of penicillin cream.

(h) **Speech Defects.** Speech defects are best treated early. Fortunately these are defects which parents are anxious to have cured as soon as possible, so co-operation is usually readily forthcoming.

The Speech Training Classes were continued as before and the following table gives an indication of the results obtained.

STAMMERING

Number	Degree			Result			
	Slight	Con- sider- able	Severe	Cured	Much Improved Occasional Difficulty when excited	Im- proved	Un- changed
11	3	5	3	5	5	1	—

DEFECTIVE ARTICULATION

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
51	22	27	2	—

CLEFT PALATE

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
2	1	1	—	—

(i) **Infestation with Vermin.** The total number of children found to be infested with vermin, and this includes slight cases, was 615 (774 in 1946). There were 31 exclusions from school (55) and 608 children were voluntarily cleansed at the School Clinic (768). The School Nurses paid 12 visits to each school during the year. Children found to be infested with vermin were given the opportunity of attending the School Clinic for cleansing. It was not found necessary to issue cleansing notices or cleansing orders during 1947. The less formal approach to the parent referred to in Administrative Memo. No. 15, 1946, has been found to have had a salutary effect in the instances where it was necessary to use it. In several cases where infestation has been found on repeated occasions, the School Nurse, after making enquiries, has reported that both parents were working. Whilst it is admitted that economic conditions are difficult and it may be necessary for the mother to go to work, it is surely desirable for her first of all to see that her children are sent to school clean.

4. **Handicapped Pupils.** There are at present eleven categories of Handicapped Pupils—Blind, Partially Sighted, Deaf, Partially Deaf, Delicate, Diabetic, Educationally Subnormal, Epileptic, Maladjusted, Physically Handicapped and pupils suffering from a Speech Defect.

It should be noted that before a child can be placed in one of these categories he must be suffering from a defect which requires either special educational treatment (special school, special class in

an ordinary school or special educational methods), or by reason of such defect he cannot be educated under the normal regime of an ordinary school without risk to his health.

The table below shows how Handicapped Pupils in this area are distributed.

Handicap	Receiving special Educational Treatment	At ordinary School	At no School	Total not receiving special Educational Treatment
Blind	1	—	2	2
Partially Sighted	—	—	—	—
Deaf	2	—	—	—
Partially Deaf	—	—	—	—
Delicate	—	13	2	15
Educationally Subnormal	—	42	—	42
Epileptic	1	—	—	—
Physically Handicapped ..	2	1	1	2
Maladjusted	10	—	—	—
Speech Defect	—	1	—	1
Diabetic	—	—	—	—
	16	57	5	62

The delicate children at present in ordinary schools are those who would require to receive their education in a special school preferably of the open-air type.

The Educationally Subnormal children require a specialised form of education. They are unable to benefit from education in an ordinary class. It is urged that the problem of the Educationally Subnormal child is one which must be tackled without delay and it is hoped that it will be possible to record in the next report that special classes have been started.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. There were 7 cases of diphtheria amongst school children during the year. 6 cases were admitted to the Borough Isolation Hospital and another child was admitted to a Fever Hospital in Birmingham. Parents who have had their children immunised in infancy are beginning to accept the necessity for a reinforcement dose when they enter school. 562 such injections were given during 1947, (177 in 1946). The great majority of these injections were given in school where the child accepts the

“needle” as part of the school routine and the parent is spared the inconvenience of attending the School Clinic and the necessity for answering the inevitable “what is he going to do?”

It is estimated that 91% of school children are protected against diphtheria.

Scarlet Fever. There were 130 cases of Scarlet Fever, of which 67 were admitted to hospital. In general the disease continues to be of a mild variety.

Poliomyelitis. Infantile paralysis reached record figures in Britain this year. Burton was fortunate in that only one school child was affected. Closure of schools was not considered necessary.

Measles. 1947 was a “measles year” and 356 cases were notified by general practitioners. One case was admitted to the Isolation Hospital.

6. Tuberculosis.

There were three cases of respiratory tuberculosis in school children notified during 1947. Two of these were admitted to the Sanatorium.

Two new cases of non-respiratory tuberculosis were notified. One was admitted to Warwickshire Orthopaedic Hospital.

7. Deaths of Children of School Age.

There were 4 deaths amongst school children during the year. Two died from diphtheria, one from appendicitis and one as the result of an accident.

8. Minor Ailments Clinic.

This clinic is open on weekdays from 9 a.m.—10 a.m. During 1947 there were 4,193 attendances at the Clinic for treatment of all forms of minor ailments. This figure, of course, does not include attendances for uncleanliness.

It is at this morning Clinic that the Medical Officers are able to interview parents and advise on further treatment where it is necessary or assist them in the management of behaviour problems.

9. Transitionally-Assisted Schools.

This heading refers to the Grammar School and the Girls' High School.

Medical inspections were carried out at these schools on much the same lines as in previous years. The table at the end of the Report record the inspections carried out and the defects found.

Treatment through the School Health Service was available to pupils of these schools as it was for pupils of maintained schools. An increasing number of pupils are taking advantage of the dental and eye clinics.

10. Nursery Schools.

The nursery classes at Christ Church, Stafford Street and Short Street schools continued in operation throughout the year. New toddlers are seen with the entrants each year and re-inspection is carried out where and when required.

11. Employment of School Children.

The following table shows the number of children examined and passed fit for employment :—

			Boys	Girls	Total
Newspaper delivery	..	..	64	12	76
Errands	..	..	5	—	5
			<hr/>	<hr/>	<hr/>
			69	12	81
			<hr/>	<hr/>	<hr/>

12. School Meals Service and Free Milk Scheme.

The number of meals served under the school meals scheme showed an increase during 1947. The number of meals served was as follows :

Children	..	..	..	..	388,326
Staff and helpers			..	..	41,824
Nursery	..	..	..	..	11,856
Nursery helpers	..	..	..		1,695

6,045 children were supplied with free milk during the year.

13. Physical Education.

One of the aims of Physical Education is to help in the production and maintenance of health in body and mind.

This Physical Education in schools consists of—

- (a) Physical exercises called gymnastics given on the Swedish system on the lines laid down by Ling.
- (b) Games consisting of :—Football, Hockey, Netball, Tennis, Cricket, Rounders and minor team games.
- (c) Dancing—Free expression and Country.
- (d) Swimming.
- (e) Athletics.

In the Primary schools at least one period is devoted to one of the above branches every day, while in the Secondary at least 2 hrs. 20 mins. per week.

Games. The playing of games is still hampered by lack of playing fields. Those under the Education Committee's control have again been used to the full, and in fact, over-used. (The whole of the marking out and maintenance of these pitches has again been undertaken by the Parks Department. This has been a most satisfactory arrangement). Fortunately, from September the situation has been eased by the policy of hiring Football, Hockey and Netball pitches from the Parks Department, for use of full-time day pupils. A start has been made in the provision of scaled-down Football pitches and goal posts for use of Primary schools.

Transport has been provided to and from fields situated more than one mile from schools for the use of Secondary school children.

The Burton Schools' Football Association resumed its activities during the winter season 1946–47 and provided competitive Football for Junior and Secondary schools, during out-of-school hours.

Tennis. Reservations were made for the use of the Public Tennis Courts at Newton Road for Secondary schoolgirls, 32 courts being reserved for one hour weekly.

Swimming. The Public Swimming Baths were again fully used throughout the summer months, 61 classes making weekly attendances from April to September. From October most of the Primary school children did not attend but 29 classes continued weekly until the end of December.

The Schools' Swimming Association organised three inter-schools swimming galas towards the end of the season.

The readiness of the Transport Department to meet the flexible demands of school programmes has enabled full use to be made of both playing fields and baths. This service is valued by the teaching staffs.

Athletics. In spite of the lack of an athletic ground in the Borough, two inter-schools Athletic Meetings—one Senior, one Junior—were held during July. The running of these was in the hands of the Schools' Athletic Association. In addition, five Secondary schools and two Primary held their own meetings.

Miss B. C. Corlette, Physical Training and Youth Service Organiser left the service of this Authority on 31st January, 1947. She was succeeded in July by Miss R. I. Auty.

14. Children's Care Committee. There follows the report of the Children's Care Committee. This Committee again gave valuable assistance by arranging periods of Convalescence for children who needed it.

CHILDREN'S CARE COMMITTEE

Report for the year 1947

The Children's Care Committee was re-appointed by the Education Committee in November, 1946, and was constituted as follows :—

Mrs. Curzon, Miss Evershed, Mrs. George, Mrs. Lorimer, Mrs. Macgilp, Mrs. Piddocke, Mrs. Rowland, Mrs. Templeman, Mrs. F. G. Thompson and Mrs. Walley.

The Officers were elected for 1947, viz. :—

<i>Chairman</i>	..	..	..	..	Mrs. Rowland
<i>Vice-Chairman</i>	..	..	..	..	Mrs. Macgilp
<i>Honorary Secretary and Treasurer</i>					Miss Evershed

The Committee met six times during the year.

31 cases were reported to them and were dealt with as follows :—

1. Girl	aged	4½	years.	Sent to Convalescent Home Southport for 11 weeks, and later to Convalescent Home, Rhyl, for 6 weeks.
2. Boy	„	6½	„	Given Cod Liver Oil and Malt for 3 months.
3. Girl*	„	11	„	Sent to Convalescent Home, Rhyl for 4 weeks.
4. Girl*	„	8	„	„ „ „ „ Southport for 4 weeks.
5. Boy	„	7	„	Sent to the Children's Convalescent Home, West Kirby for a period of 24 weeks.
6. Girl	„	10	„	Sent to the Devonshire Royal Hospital at Buxton, for treatment for 4 weeks.
7. Boy*	„	7	„	Sent to Convalescent Home, Rhyl for 6 weeks.
8. Girl*	„	8	„	„ „ „ „ „ „ „ „
9. Girl	„	14	„	„ „ „ „ „ „ „ 3
10. Girl	„	8	„	„ „ „ „ „ „ „ „
11. Boy	„	8	„	„ „ „ „ „ „ „ „
12. Boy*	„	9	„	„ „ „ „ „ „ „ 4
13. Boy	„	12	„	„ „ „ „ „ „ „ 3
14. Boy	„	10	„	„ „ „ „ „ „ „ „
15. Boy	„	5	„	„ „ „ „ „ „ „ „
16. Girl	„	9	„	„ „ „ „ „ „ „ 1
17. Boy	„	6½	„	„ „ „ „ „ „ „ 3
18. Boy	„	6	„	„ „ „ „ „ „ „ 4
19. Girl	„	8½	„	„ „ „ „ „ „ „ 3
20. Girl	„	11	„	„ „ „ „ „ „ „ „
21. Girl	„	10½	„	„ „ „ „ „ „ „ „
22. Boy*	„	10	„	„ „ „ „ „ „ „ Southport for 4 weeks.
23. Girl*	„	7	„	„ „ „ „ „ „ „ „
24. Boy*	„	9	„	„ „ „ „ „ „ „ Rhyl „ „ „
25. Girl	„	6	„	„ „ „ „ „ „ „ „ 3
26. Girl	„	5	„	„ „ „ „ „ „ „ Southport „ 6
27. Girl*	„	14	„	„ „ „ „ „ „ „ Rhyl „ 4
28. Girl	„	6	„	Recommended for Convalescent Home treatment. When the date came parent would not let her go. Sent to Convalescent Home, Rhyl, for 4 weeks.
29. Girl*	„	13	„	„ „ „ „ „ „ „ „
30. Girl*	„	8	„	„ „ „ „ „ „ „ „
31. Girl	„	10	„	Recommended for Convalescent Home treatment and waiting for a vacancy.

The eleven cases marked * were sent by the "Burton Observer" "Uncle Jack" Fund to Convalescent Homes, the Committee visiting them after examination at the School Clinic by the School Medical Officer.

The Manchester Unity of Oddfellows granted one railway fare and the cost of maintenance in the Convalescent Home; and the Voluntary Aid Association granted two railway fares. Their help is gratefully acknowledged.

The feoffees gave a grant of £25, provided 17 tickets and maintenance for Convalescent Homes, and the maintenance of one boy in a special Convalescent Home for 24 weeks. For this generous help and interest the Committee record their appreciation.

M. ROWLAND, *Chairman,*
January 14th, 1948.

PHYLLIS M. EVERSLED,
Hon. Secretary.

15. Acknowledgements.

The thanks of the staff of the School Health Service are due to all those who have assisted them in their efforts to raise the general level of health of the school child. In particular to the Head Teachers of the schools, to the staff of the Infirmary and the general practitioners of the area, to the Child Welfare Officers, to the Director of Education and his staff and to the Children's Care Committee.

MEDICAL INSPECTION TABLES, 1947

Number of Children.

Average number of children on the roll	..	..	6,305
Average attendance	..	..	5,550

Table 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	754
Second Age Group	809
Third Age Group	563
Total	2,126

Number of other Periodic Inspections	—
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Grand Total	2126
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B.—OTHER INSPECTIONS

Number of Special Inspections	1,407
Number of Re-Inspections	5,873
Total	..	..	..	7,280

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of individual Pupils found at Periodic Medical Inspection to Require Treatment. (Excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table 11A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	1	76	77
Second Age Group ..	36	56	92
Third Age Group ..	17	27	43
Total (prescribed groups)	54	159	212
Other Periodic Inspections	—	—	—
GRAND TOTAL ..	54	159	212

Table 2

Defects found by Medical Inspection

Defect Code No.	DEFECT OR DISEASE						Periodic Inspections		Special Inspections	
							No. of Defects		No. of Defects	
							Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
	(1)						(2)	(3)	(4)	(5)
4	Skin	..	..	..	..	..	20	53	280	26
5	Eyes—	(a) Vision	..	..	..	..	54	256	223	35
		(b) Squint	..	..	..	..	5	15	23	15
		(c) Other	..	..	..	..	11	9	78	11
6	Ears—	(a) Hearing	..	..	..	..	—	9	1	4
		(b) Otitis Media	..	..	..	..	13	22	19	9
		(c) Other	..	..	..	..	1	—	3	—
7	Nose or Throat	..	..	..	..	..	54	233	22	38
8	Speech	..	..	..	..	..	10	15	11	1
9	Cervical Glands	..	..	..	..	..	—	151	1	20
10	Heart and Circulation	..	..	..	..	..	—	47	—	4
11	Lungs	..	..	..	..	..	4	73	1	24
12	Developmental—	(a) Hernia	..	..	..	..	5	17	—	—
		(b) Other	..	..	..	..	—	—	—	—
13	Orthopaedic—	(a) Posture	..	..	..	..	7	113	7	7
		(b) Flat foot	..	..	..	..	14	19	8	2
		(c) Other	..	..	..	..	8	20	1	—
14	Nervous system—	(a) Epilepsy	..	..	..	..	—	8	—	2
		(b) Other	..	..	..	..	—	—	—	—
15	Psychological—	(a) Development	..	..	..	..	—	12	—	2
		(b) Stability	..	..	..	..	—	30	—	6
16	Other	..	..	..	..	..	14	172	156	99

Table 3

Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups (1)	No. of pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2 (3)	No.	% of col. 2 (4)	No.	% of col. 2 (5)
Entrants	754	719	95.3	32	4.3	3	0.4
Second Age Group	809	735	90.9	70	8.6	4	0.5
Third Age Group	563	436	77.4	122	21.7	5	0.9
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	2126	1890	88.9	224	10.5	12	0.6

Table 4

Treatment Tables.

Group 1.—Minor Ailments (excluding Uncleanliness).

	Number of Defects treated, or under treatment during the year
(a) SKIN—	
Ringworm—Scalp—	
(i) X-Ray Treatment. If none, indicate by dash	—
(ii) Other Treatment	1
Ringworm—Body	3
Scabies	113
Impetigo	159
Other Skin Diseases	28
EYE DISEASE (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	77
EAR DEFECTS (Treatment for serious diseases of the ear (e.g. operative treatment in hospital) not recorded here, but in the body of the School Medical Officer's Annual Report	77
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	262
TOTAL	720

(b) Total number of attendances at Authority's Minor Ailments Clinics 4193

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).

							No. of Defects dealt with
Errors of Refraction (including squint)	..	..	..	..	..	..	358
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—
Total	358
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No. of Pupils for whom spectacles were—							
(a) Prescribed	291
(b) Obtained	284

Group III.—Treatment of Defects of Nose and Throat.

							Total number treated
Received Operative Treatment—							
(a) For Adenoids and Chronic Tonsillitis	..	..					117
(b) For other Nose and Throat Conditions	..	..					—
Received other forms of Treatment	..	..	..	..	..	..	—
TOTAL	..	..	..	..	..	..	<u>117</u>

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-Patients in Hospitals or Hospital Schools	..	..	..	..	..	1
(b) Number treated otherwise, e.g., in Clinics or Out-Patient Departments	..	..	..	..	..	44

Group V.—Child Guidance Treatment and Speech Therapy.

Number of Pupils Treated—						
(a) Under Child Guidance arrangements	..	..	..	..	..	—
(b) Under Speech Therapy arrangements	..	..	..	..	..	64

Table 5.
Dental Inspection and Treatment.

1. Number of Pupils inspected by the Authority's Dental Officers—							
(a)	Periodic Age Groups	2261
(b)	Specials	559
(c)	TOTAL (Periodic and Specials)	2810
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2.	Number found to require treatment	2074
3.	Number actually treated	1621
4.	Attendances made by pupils for treatment	1818
5. Half-days devoted to :							
(a)	Inspection	20
(b)	Treatment	276
	TOTAL (a) and (b)	296
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6. Fillings—							
	Permanent Teeth	682
	Temporary Teeth	550
	TOTAL	1232
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7. Extractions—							
	Permanent Teeth	138
	Temporary Teeth	1508
	TOTAL	1646
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8.	Administration of general anaesthetics for extraction	291
9. Other Operations—							
(a)	Permanent Teeth	..	..	..	..	..	229
(b)	Temporary Teeth	..	..	..	..	..	137
	TOTAL (a) and (b)	..	..	..	..	..	366

Table 6.
Infestation with Vermin.

(i)	Total number of examinations in the Schools by the School Nurses or other authorized persons	..	..	..	14,950
(ii)	Total number of <i>individual</i> pupils found to be infested	..	..	..	615
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 43 (2) Education Act, 1944)	..	..	..	—
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 43 (3) Education Act, 1944)	..	..	..	—

Table 7

TRANSITIONALLY-ASSISTED SCHOOLS

Return of Medical Inspections for year ended
the 31st December, 1947

A.—ROUTINE MEDICAL INSPECTIONS

Age	{	Under 9 years	..	28
		9	„	6
		10	„	9
		11	„	100
		12	„	192
		13	„	133
		14	„	117
		15	„	108
		16	„	74
		17	„	32
		18	„	9
				<hr/>
				808
				<hr/>

B.—OTHER INSPECTIONS

Number of special inspections	..	..	2
Number of re-inspections	..	..	451
			<hr/>
			453
			<hr/>

C.—INDIVIDUAL CHILDREN

Found to require treatment	..	..	46
(excluding uncleanliness and dental diseases)			

Table 8

TRANSITIONALLY-ASSISTED SCHOOLS

Return of Defects treated during the year ended
the 31st December, 1947

Defective Vision and Squint

	Number of defects dealt with		
	Under Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (excluding squint)	—	—	—
Number of children for whom spectacles were			
(a) Prescribed	37	3	40
(b) Obtained	31	3	34

Table 9

TRANSITIONALLY ASSISTED SCHOOLS

A Return of Defects found by Medical Inspection in the year
ended 31st December, 1947

Defect Code No.	DEFECT OR DISEASE						Periodic Inspections		Special Inspections	
							No. of Defects		No. of Defects	
							Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
	(1)						(2)	(3)	(4)	(5)
4	Skin	..	..	..	..	..	4	14	—	—
5	Eyes—(a)	Vision	..	..	..	..	21	168	—	1
	(b)	Squint	..	..	..	..	—	1	—	—
	(c)	Other	..	..	..	..	3	—	—	—
6	Ears—(a)	Hearing	..	..	..	..	1	1	—	—
	(b)	Otitis Media	..	..	..	..	4	—	—	—
	(c)	Other	..	..	..	..	—	—	—	—
7	Nose or Throat	..	..	..	..	..	4	25	—	—
8	Speech	..	..	..	..	..	3	—	—	—
9	Cervical Glands	..	..	..	..	..	—	30	—	—
10	Heart and Circulation	..	..	..	..	..	1	11	—	—
11	Lungs	..	..	..	..	..	—	17	—	—
12	Developmental—(a)	Hernia	..	..	..	..	—	—	—	—
	(b)	Other	..	..	..	..	—	—	—	—
13	Orthopaedic—(a)	Posture	..	..	..	..	1	54	—	—
	(b)	Flat foot	..	..	..	..	1	1	—	—
	(c)	Other	..	..	..	..	—	7	—	—
14	Nervous system—(a)	Epilepsy	..	..	..	..	—	1	—	—
	(b)	Other	..	..	..	..	—	—	—	—
15	Psychological—(a)	Development	..	..	..	..	—	1	—	—
	(b)	Stability	..	..	..	..	—	1	—	—
16	Other	..	..	..	..	..	4	41	—	1
	TOTALS						47	373	—	22

